

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8119

State File No. ....

FILED APR 14 1955

1314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		STREET ADDRESS (If rural, give location) <b>656 Romany Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CUSTER</b>		b. (Middle) <b>A.</b>	c. (Last) <b>BROWN</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive - Consumer's Products Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <b>Aug. 29, 1891</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Grenola, Kansas</b>		9. AGE (In years last birthday) <b>63</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Wilkerson</b>	14. NAME OF HUSBAND OR WIFE <b>Thelma Brown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>WW # I 486-01-5329</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thelma Brown, 656 Romany Rd., K.C. Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Coronary Arterio Sclerosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Myocardial Scarring (old)</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-21</b> , 19 <b>55</b> , to <b>3-22</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>3-22</b> , 19 <b>55</b> , and that death occurred at <b>5:45</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Carl R. Ferris</b> (Degree or title)		23b. ADDRESS <b>535 Argyle St, Kansas City, Mo.</b>	
23c. DATE SIGNED <b>3-23-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>3-24-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	
24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>		DATE REC'D BY LOCAL REG. <b>3-24-55</b>	
REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>	
ADDRESS <b>K.C. MO.</b>		ADDRESS <b>K.C. MO.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl Lewis  
535 2 1/2 mile Hwy  
A 2227

Sp 51455221

5350 2 1/2 mile Hwy

April 12, 1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert G. Boyer*

Licensed Embalmer No. *48*

P. O. Address *KE9, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.